

Editorial Department.

SYPHILITIC LOCOMOTOR ATAXIA.

THE causative relation of syphilis to locomotor ataxia is still a vexed question. The positive dictum in the affirmative, first formulated by Vulpian and Fournier, has met with abundant statistical corroboration, but further observation has also apparently shown that, aside from a number of other weighty arguments, the statistics themselves are vitiated by certain untenable fundamental premises.

Illustrative of the difficulties of arriving at a definite conclusion from a therapeutical stand-point are observations like the following :

A man fifty-four years of age ; syphilis contracted at the age of twenty ; at forty first symptoms of ataxia, ocular troubles, and vertigo. Ten years later, lancinating pains and ataxia ; since, general anæsthesia of the lower limbs, partial anæsthesia of the upper ; anæsthesia of the muscular sense, abolition of the reflexes ; complete ataxia.

The patient was submitted to specific treatment. At the end of a week there was already improvement. At the end of three months the cure could be considered complete, though at the time of the report this result had only been attained for two months.

But granting the chances of the relapse which many would prophesy, the case is remarkable, and it is by no means unique, since similar cases are often reported. It is incredible that the

profound sclerotic lesions usually found *post mortem* in tabes, and believed to be the cause of the clinical aggregation of symptoms, could have disappeared in a few weeks.

Such cases suggest the possibility of a congestion of the posterior columns, producing all the symptoms of locomotor ataxia. On the other hand, microscopic examination of the cord has shown extensive degeneration of the posterior columns in cases where the symptoms were as yet slight, and justified merely the diagnosis of a very early stage of the disease. Clearly, much yet remains to be done to clear up the pathogeny of this affection, which of all others of the spinal cord has been supposed to be the best determined.

And opposed to the anti-syphilitic treatment of the disease, as illustrated in the above and other reported cases, is the experience, among others, of Débove, who took, without special selection, forty ataxics in a large hospital, and put them upon the anti-syphilitic treatment. Not only did he obtain no improvement in any case, but in some the disease was aggravated.

Evidently the question still remains an open one.

LATHYRISM.

FROM the *Journal de Médecine de Bordeaux* we learn that M. Proust has recently made an interesting communication to the French Academy of Medicine concerning an epidemic of a new toxic paraplegia, which he terms, following Cantani, who made the first observations upon the subject, *Lathyrism*.

The epidemic occurs among the natives of the mountains of Kabylie, and only during the months of March and April. The early symptoms present the characteristic features of acute transverse myelitis, viz: fever, pain in the back, creeping sensations and trembling, paralysis of motion and sensation, and vesical troubles. At a later stage the principal force of the attack is expended upon motility—producing contractures, twitchings, and exaggerated reflexes, resembling, to a certain extent, lesions of the lateral columns.